

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1024067-7-08

FILING DATE

APPLICANT(S)

1024067-7-08 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6			1		1	
7				1		1
8				1		1
9				1		1
10			1		1	
11				8		8
12				8		8
13				8		8
14				8		8
15				8		8
16						1
17						1
18						1
19						1
20						1
21						1
22						1
23					1	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		2		2	
TOTAL DEP.			8		8	
TOTAL CLAIMS	1		10		10	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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66						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1		1		1	
TOTAL DEP.						
TOTAL CLAIMS	1		1		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS